

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

WIELGOSZ, et al.

Docket:

14474.1US01

Title:

DEVICE FOR MULTIPLEXING OF DATA AND METHOD FOR MULTIPLEXING OF

DATA IN SYSTEM FOR DATAFLOW MANAGEMENT USING MULTIPLEXERS

## **CERTIFICATE UNDER 37 CFR 1.10**

'Express Mail' mailing label number: EV 322885015 US

Date of Deposit: August 25, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: <u>Juesa Anderson</u> Name: Teresa Anderson 22386 U.S. PTO 10/647883

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Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- Utility Patent Application: Spec. 14 pgs; 7 claims; Abstract 1 pgs.
  The fee has been calculated as shown below in the 'Claims as Filed' table.
- 8 sheets of formal drawings
- Certified copy of a Polish application, Serial No. P-355707, filed August 26, 2002, the right of priority of which is claimed under 35 U.S.C. 119
- Small entity status is claimed pursuant to 37 CFR 1.27
- A signed Combined Declaration and Power of Attorney
- Assignment of the invention to Advanced Digital Broadcast Polska Sp. z o.o., Recordation Form Cover Sheet
- A check in the amount of \$375.00 to cover the Filing Fee
- A check for \$40.00 to cover the Assignment Recording Fee.
- Information Disclosure Statement, Form 1449, 2 reference(s).
- Application Data Sheet, 7 pages.
- Return postcard

**CLAIMS AS FILED** 

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee				***************************************				\$375.00
Total Claims						<u> </u>		+ 4373.00
7	T-1	20	=	0	-	9.00	=	\$0.00
Independent Claims					<del>                                     </del>	7.00		1 40.00
2	-	3	=	0	x	42.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$375.00

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.

P.O. Box 2903, Minneapolis, MN 55402-0903

(612) 332-5300

Name. John J. Gresens

Reg. No.: 33,112 Initials: JJG/pik

Customer Number: 23552

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